



City of McMinnville Transient Lodging Tax Registration Form

Date: _____

Business Type: _____

Establishment Name: _____

Establishment Address: _____

Mailing Address, if different: _____

Manager / Operator Name: _____

Owner, Corporation or Partnership Name, if different: _____

Email Address: _____

Phone: _____

Number of Rooms: _____

I declare, under penalty of making a false statement, that to the best of my knowledge, and belief, the statements herein are correct and true.

Signature _____

Title _____

Date _____

Mail your completed registration form to:

**City of McMinnville
Finance Department
230 NE Second Street
McMinnville, OR 97128**

Or fax to: 503/435-5860